MISSOURI DIVISION OF HEALTH -

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STANDA	ARD C	ERTI	FICA	TE O	F DEATH		'	· M (63-0	231	72
38. Prima	ıry Registra	tion Dist	rict No	300		No. 47	13_		STATE FI	LE NUMBE	R
					· · · · · · · · · · · · · · · · · · ·				J (5 (- 4))	47. 10.	
					2. USUAL RESII		re geces b. COl		ed. IT INSTITU		dence before admission)
one	11 0 (-)		4			Mo.			Boone		
, give TOWNS	tir only)	1	igth of sta		. c. CITY OR						nside Limits
19 yrs					town Columbia				No 🗆		
ital, give location) Inside Limits					d. STREET (If cutside, give location) ADDRESS			Re	side on Ferm		
County Hospital Y ** 🕏 № 🗆					914 Spencer Road Yes No					es 🗌 No 🔽	
First Middle					Last	4. DAT	· -	Мон	nth	Day .	Year
Albert		(Al)	Bru	nner	DEA		7	8		63
OR RACE	7. Marrie		Never Ma		8. DATE OF BIR	TH 9. AG	E (last b	irthday)	Months 1		UNDER 24 HR
ite	Widow			orced 🔲	3/31/19		57		1		
f work done	10b. KIND	OF BUST	NESS OR	INDUSTR	Y TI. BIRTHPLAC	E (City and a	tate or (country)	12. CITIZE	N OF WH	AT COUNTRY
if retired)	Mont	gome	erv	Ward	Pitts	burg.	Kan	sas	US.A		
	131	MOTH!	ER'S MAII	DEN NAM	E	•	14. NA	ME OF I	HUSBAND OR	WIFE	
		Anı	ия Т	affn	er		E11	zabe	eth Br	runne	r
NED FORCES?	16	SOCIA	î SECURI	TY NO.	17. INFORMANT	-			Address	÷	С,
r or dates of				57	Mrs. Eli	lzabet	th B	runi	er Co	lumb	
one cause per ! S CAUSED BY:										ONSET	AND DEATH
ATE CAUSE (a)	Bron	<u>chio</u>	geni	c car	<u>cinoma y</u>	vith m	e <u>ta</u> s	tasis	s to bo	ne.A	boute ::
										I Ap	ril 1963.
DUE TO (b)										4% ii-	ليلاؤنك المشاكم
										1	
DUE TO (c)											
GNIFICANT CO	NDITIONS	CONTRI	BUTING	TO DEAT	H but not related	to the terr	ninal	PART	III. If dece there a p	ased was pregnancy	in female was in last 90 days
		•							☐ Yes	□No	☐ Unknown
ENT SUICIDE	HOMIC	DE	20b. DES	CRIBE HO	W INJURY OCCUR	RED. (Enter n	eture of	injury ir	PART I or P	ART II of	item 18.)
ENI SUICIDE	Ü			,					•		
Day, Year											
,,,											
1.20e. PLACE	OF INJURY	(e.g., in	or about		20f. CITY, TOWN,	OR LOCATI	ON	_	COUNTY		STATE
farm, fa	ctory, stree	t, office	bldg., et	c.)		·					
8 May	z 1963		to	8 Ju	lv 1963	_and last say	v him all	ive on	7 July	1963	
a.m.			,		e date stated abov						es stated.
	an or sista				22b. ADDRESS					2:	c. DATE SIGNE
• P	PL 1)_a	مما	m.		ъ то – 4	h C+	: taat		Q.	July63
<u> </u>	V -00	7	CEMETER	Y OR CRE	- 210 Sout	23d LOC	MOITA	City, tov	vn, or county		(State)
E .	1	•				1					
0/1963	Pa	rad:	186	<u>ceme</u>	tery	្រុងនា	Jer.	1411	ssouri	<u> </u>	

DO NOT WRITE	٠.	AMFI	4DED	1		gistration District No
ON THIS STUB		AMERICE			_	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
VS-300	ما].	.	1	١.	a. COUNTY b. COUNTY admission)
Rev. 4/59	AMENDED				<u> </u>	Boone Mo Boone b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b . c. CITY Inside Limits
	N.					OR II OR
10109	Įξ				_	TOWN Columbia 19 yrs Columbia Yes No Columbia C. FULL NAME OF (If NOT in hospital, give location) Inside Limits (Inside Limits (If outside, give location) Reside on Farm
	DATE]]	1] }		HOSPITAL OR ADDRESS
20109	M				—	INSTITUTION Boone County Hospital Yes X No 914 Spencer Road Yes No X
3 2				7	3.	NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF
						Albert (Al) Brunner DEATH 7 8 1963
4 0			1		5.	SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
5 1			1			Male White Widowed Divorced 3/31/1906 57 Months Days Hours Min.
		.[]			10a	. USUAL OCCUPATION (Give; kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
6	3	$\mid \mid$	1			during most of working life, even if retired) Clerk Montgomery Ward Pittsburg, Kansas USA
7 /	3				13a	FATHER'S NAME . 136. MOTHER'S MAIDEN NAME . 14. NAME OF HUSBAND OR WIFE
<u> </u>	2					Hugo Brunner Anna Taffner Elizabeth Brunner WAS DECEASED EVER IN U.S. ARMED FORCES? 14 SOCIAL SECURITY NO. 17. INFORMANT Address
<u> 8 వ</u>						WAS DECEASED EVER IN U.S. ARMED FORCES? 1/A SOCIAL SECURITY NO. 17. INFORMANT Address 5, no, or unknown) [(If yes, give wer or dates of
9/621	" I					no b/ Wrs. Elizabeth Brunner Columbia.Mo
` \ \ <	ξ			ξ	I T	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
10 7	يا ج			Ŋ.	1	IMMEDIATE CAUSE (a) Bronchiogenic carcinoma with metastasis to bone. About 20 3.35
11	5 6			DOCUMENT		I-April 1963:
12 / - 7	Y S			2		Conditions, if any,] DUE TO (b)
12/-0	ᅰ					which gave rise to above cause (a),
13 30 1		┼╼╉	+	 		stating the under- lying cause last. DUE TO (c)
	5				χ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.
<i>)</i>	- 1				¥	disease condition given in PART I (a) there a pregnancy in last 90 days. There a pregnancy in last 90 days. Unknown
NO.	<u> </u>				CERTIFICATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Į	<u> </u>					PERFORMED?
_	<u>.</u>					YES NO DE
RIBBON	[]				MEDICAL	INJURY a.m.
BLACK INK OR RITER RIBBC			ŀ		₩.	20d. INJURY OCCURRED WHILE AT WORK (
						WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK
*	وا				.	4- 10/2
SEAC OR ITER	READ				}	77 15"
	9			1	li	Dearn Octored all
USE	SHOULD		- 1	Ö	, j	22a. SIGNATURE (Degree of title)
- ∑	.			ξ]	Elice P. Perolgius m. 9. 210 South Tenth Street 9July63
-	+	+		٦≩I	234	BURIAL, CREMATION, 235. DATE 236. NAME OF CEMETERY OF CREMATION
	ģ			AFFIDA!		Punio 7/10/1062 Paradise Cemetery Jasper, Missouri
ļ	ITEM				24.	LONGENAL DIRECTOR
				₩		Lyman Sprinkle Columbia, Mo. July 9, 1963 Mrs RE. Palmer
•	ı	' '	•			(Licensed Embalmer's Statement on Reverse Side)

I 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	ed on the reverse side of this certificate was embalmed by me,
or by David Duffy	
working under my personal supervision.	
Student David Signature of Student/Embayner	Signed Tickend 1 Teeves
organists of Stodelly Exposures	Licensed Embalmer No. 5/09
	P. O. Address Columbia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.